VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3

# CERTIFICATE OF DEATH

		/./
Reg.	Diat.	No.4

	Reg. Dist. No. 2
1. PLACE OF DEATH:  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  How tong in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Charles & Biebong	& . 3. (b) Social Security Number
4. Sex  5. Color or race  6.(a) Single. married, widowed, or divorced  Marced	MEDICAL CERTIFICATION  20. DATE DE DEATH OFFICE 1 19 48 10 Q 1
8.(b) Name of husband or wife. Elgelish Shorkley  8.(c) It alive, give age. 6 D. years  7. Birth date of	21. I CERTIFY that death occurred on the date shove stated; that I attended deceased from  19. 4 4, to light 19. 4 5  snd that I last saw h 1222 live on March 3 1, 19. 4 5
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If tess than one day   18   18   18   18   18   18   18   1	Immediate cause of death DURATION DURATION
9. Birthplace. Pherodiephia Pa.  (Town, county, and state)  Farmer	Due to Sensus attenmelerne
10. Usuat accupation  11. Industry or business  12. Name	Dive to
13. Birthplace  14. Maiden name Casherine A luvine  15. Birthplace  15. Birthplace	(Include pregnancy within 8 months of death)  Major findings of operations.
2 15. Birthplace few.  16. Informani Mrs. Effig which Bulrough.	Autopsy results
Address Sheers boro Ind. 1 17 Burial Date thereof april 4/1745	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal, Which?)  Cemetery or crematory.  Cemetery or crematory.	Accident, suicide, or homicide
18. Funerat director Ray yourd B. Rawlewys	Injured at home, tarm, tndustry, public place (where?)  Means of injury  Injured at work?
Address Strendoro md.	23. SIGNATURE SIGNATURE & STONE M. D. Groping
(Date rec'd by registrar)	Address Leeus In Ned Date signed 3



MARGIN RESERVED FOR BINDING

PLEASE

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore &



03784

CERTIFICAT	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboro iofants give residence of mother)  State
3. (a) FULL NAME W. Dudley Biscoe	3. (b) Social Security Number
4. Sex 5. Color or race (8.(a) Single, married, widowed, or divorced White Widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH
6.(b) Name of husband or wife. Sadie E. Giecal  7. Birth date of deceased (mo., day, yr.)  Luly 8, 1877	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 45. to april 21. 19. 45.  and that I last saw h 21. 21. 21. 21. 21. 21. 21. 21. 21. 21.
8. AGE: Years Months Days It less than one day 13	Immediate cause of death DURATION / D days
9. Birthplace Millington Manyland (Town, county, and state)	Due to
1D. Usual occupation	Due to.
12. Name James Edward Biscoe  13. Birthplace Green and County Maryland	Other conditions
14. Maiden name Elburt 15. Birthplace gueen anne County, Maryland	Major fiadings of operations.
16. Informant J. Edward Biscoel	Autopsy results
Address Preston, Maryland R.F.D.  17. Quial Date thereof April 25 1945 (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	22. VIOLENCE: It death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide
Cemetery or crematory. Linchester Cenetary	Where did injury occur?
18. Funeral director J. J. Framptom and Son Address Federalsburg Maryland	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?
19. April 24  19. 4 5 C D. Plummer  (Date rec'd by registrar)  Registrar	23. SIGNATURE M. D. or other  Address Date signed 4/23/45



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 153

### CERTIFICATE OF DEATH

				/	1
Reg.	Dist.	No.	*******	6	6

1. PLACE OF DEATH: Caroline	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Mary land county Caroline
	(If outside city of town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city of town limits, write RURAL and give nearest town)
nospital, institution, or street address where death occurred:	Street No. Junely
4**************************************	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
Jorothy May Brown	3. (b) Social Security Number
4. Sex 5. Color or ace 6.(9) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Teminine Colored Single	11:1 12 150
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from
	april 12 19/3 10 april 12 15/5
7. Birth dato of	and that I last saw h. E. Y. alive on A. A. Y. J. 12 19 45
deceased (mo., day, yr.)   8 ACF: Years   Months   Days   If less than one day	Immediate cause of death
o. Mas.	Decemment Infus Erythemalous
17 3 23hrsmin.	Librane-Sabe dutice 20 mas
9 Ritholace Ridgely Caroline Co. Marylas	Love to Xil mans - Socks Disease: 021,
9. Birthplace (7pyln, copnty, and state)	Disseminated Lupus anothernatoris
10. Usual occupation Wchool quel	
1 11	Due to Lenderlying Cause. Linknown Courter
11. Industry or business	
12. Name Saac Carl Brown  13. Birthplace Md	Other conditione Not due to canteria
13. Birthplace Mcc	
14. Maiden name Nelen Lauise Flamer  15. Birthplace	(Include pregnuncy within 3 months of death)
The maintenname of the same of	Major findings of operations.
	Date of op.
18. Informant Helen I Brown - Mathee	Autopsy results. AA
D 0 . 1 211	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Mayery May	22. VIOLENCE; If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)  (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or crematory well a cellow.	Where did injury occur?
Location Deuton Trid:	Injured at home, farm, Industry, public place (where?)
Ray mond B Rayling	Means of Injury Injured at work?
18. Funeral director any my and bullaways	1111
Address / Tuescaforo ma.	as SIGNATURE ( If I was My).
(11.1 12 12 12 Daise	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address ( Les gety My Date signed 4 -13-45



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore B.d.

### CERTIFICATE OF DEATH

()3785 Reg. Dist. No. 66

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County as grand	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Many County Salve
How long in above place of death?	City or town. (If outside city or town similes, wrige RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	
	Street No
Itow long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William Thomas Brown	none
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male cal widowed	20. DATE DE DEATH I 1850 at 8:05 P. M.
6.(b) Name of husband or wife thrul Brown	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	April 4 1945, 10 Ceffel 17 100
7. Birth date of deceased (mn day yr.)	and that tast saw h. 1 aliva on Jarih 1 7 192
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
A M W	f f f
about I min.	mystolar facture 6 tur
9. Birthplace Transford ordinala	Due to
(Town, county, and state)	aranscarsii your
1D. Usual occupation.	Due to
11. Industry or business	
12. Name Charles & Brown  13. Birthplace	Dther conditions
≥ 13. Birthplace	(include pregnancy within 3 months of death)
H 14. Malden name Justin   James	
14. Malden name. Susan Warner  15. Birthplace  MA	Major findings of operations.
31 1 1	Date of op.
16. informant House	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address Kidgely West	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Tace Date thereof Jone 2/1/948	
(Burial eremation, or removal. Which?)  Date thereof (mouth) (day) (year)	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Drumbuo Ind.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Ray mond B. Pawlengo	Means of injury injured at work?
Address A Greece by md.	affil man
(1)	23. SIGNATURE M. D. or other
(Date rec'd by registrar)  (Bate rec'd by registrar)	Address Redgely Med Bate signed 4-18-40



- 4

		V	1	
1	k	A	1	
1	H	1	1	

FILM No. G 95 1. PLACE OF DEATH:

How long in hospital or institution?....

3. (a) FULL NAME

4. Sex

T. Birth date of deceased (mo., day, yr.)

8. AGE:

County.....

Evidence for change of MARYLAND STATE DEPARTMENT OF HEALTH

name of deceased is shown on 2411 N. Charles St., Baltimore

03786

CERTIFICATE	OF	DEATH	

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	0.
State County County	rakasel
City or town(If outside city or town limits, write RURAL	and give nearest town)
Street No	•••••••••••••••••••••••••••••••••••••••
2.(a) If veteran, name war	
3. (b) Socia	l Security Number
ose Ellen Carlisle	
MEDICAL CERTIFICAT	'ION
20. DATE OF DEATH april 39	.45.74
21. I CERTIFY that death occurred on the date above stated: that I e	
and that I last saw halive on	19
mediate cause of death  Drest in Slight	DURATION
sue la Passeble Pressissa	
lue Io	***************************************
ther conditions	
(Include pregnancy within 8 months of death)	
lajor findings of operations	***************************************
Date	of op
Antopsy results	
2. VIOLENCE: If death was due to external causes, fill in the tolic	owing;
lccident, suicide, or homicide	ite ot
Where did injury occur?	ty) (State)

Injured at home, farm, industry, public place (where?) .....

(Town, county, and state) 10, Usual occupation..... 11. Industry or business 12. Name..... 13. Birthplace 14. Maiden na 15. Birthplace 14. Malden name. 16. Informant. Address (month) (day) (year) (Burial, cremation, or removal, Which?) Cemetery or cremetory Location 18. Funeral director. Address (Date rec'd by registrar) Registrar

(If outside city or town limits, write RURAL and give nearest town)

6.(a) Single, married, widowed, or divorced

It less than one day

How long in above place of death?.....

Hospital, Institution, or street address where death occurred:

5. Color or race

Means of Injury

Injured at work?

.. Date signed .....

MAY 5 1945 BUREAU V.S.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03787

### CERTIFICATE OF DEATH

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) UP DECEASED: (For newborn infants give residence of mother)
County Carolina Preston - Rural	State Maniford County Carolina
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	Cily or town (if outside city or town limits, write RURAL end give pearest town)
Hospital, Institution, or street address where death occurred:	Street No. Near Bethlaham
Near Bethlelan	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME M. Ida Chambers	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	20. DATE DF DEATH april 6 19.45 , 21 1:45 P.
8.(b) Name of husband or wife Bascom Chambers	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Much 22 18 45, 10 April 6 18 45
7. Birth date of	and that I last saw h. A. Z. alive on 14/1/04/2 2 19 45
deceased (mo., day, yr.) May 20, 1865	Immediate cause of death Cerebral Shanorshape DURATION
8. AGE: Years Months / Days If less than one day	
79 10 16min.	
9. Birippiace Caroline County Maryland (Town, coupty, and state)	Due to Cartinochurse 15 pro
10. Usual occupation. Housework	94 7
11. Industry or business Home	Due to. Thy grand to the same of the same
11. Industry of dusiness  12. Name Edward Jodd	-
	Diher conditions
13. Birthplace Caroline County, Maryland	(Include pregnency within 3 months of deeth)
14. Maiden name Margaret Mater	
El 15. Birtholace Caroline County Maryland	Major findings of operations.
14. Maiden name Margaret Aster  15. Birthplace Caroline County, Maryland  16. Informani Mrs. aliston Frampton	Autopsy results. Auto One
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Preston, Maryland, R.F.D.	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial (Burial, cremation, or removel, Which?)  (Burial, cremation, or removel, Which?)  (Burial, cremation, or removel, Which?)	
	Accident, suicide, or homicide
Cemelery or cremalory Union Grove Cemetery	Where did injury occur?
Location Near Preston Maryland	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Inf. Trampton Eu Son	Means of Injury Injured at work?
Address Federalsburg, Maryland	Yul ( Timera
1 2 1 20	23. SIGNATURE M. D. or other
19. 7 8 19.41 3 C W. Plumas Registrar) Registrar	Address Date signed 7



VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (132)



# CERTIFICATE OF DEATH

03788

Reg. Dist. No. 62

City or town	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Streel No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME	2 /b C : 1C : N 1
4. Sex   5. Color or rate   6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number
Fr W. warried	MEDICAL CERTIFICATION  20. DATE OF GEATH AND 1945 at 734 M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  18.4.5.  and that I last saw h. T. alive on
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   It less than one day	Immediate cause of death OURATION
9. Birthplace (Town, county, and state)	Oue to Celete Imyo conditis sulle
10. Usual occupation	Oue to
12. Name / Janes / Deleter	Other conditions
14. Maiden name Male Believe  15. Birthplace  Perce	(Include pregnancy within 3 months of death)  Major findings of operations.
El 15. Birthplace	Date of op.
Address Southern Seed	Autopsy results
17. (Burial, cremation, or removal, Which?)  Date thereof (day) (rear)	22. VIOLENCE: It death was due to external causes, till in the tollowing;  Accident, suicide, or homicide
Cometery or crematory Gaussard Courter	Where did injury occur?
Location	Injured at home, farm, Industry, public place (where?)
Address	1. 5 7 5
19. 4/19 19. 45 mas & George Liegistrar	23. SIGNATURE Solution Clase M. D. or other  Address Dustry Dust Date signed 4/19/45



MARGIN RESERVED FOR BINDING

VS A15

(Date rec'd by registrar)

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03789

# CERTIFICATE OF DEATH

	Neg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  States
3. (a) FULL NAME Jacke Frozier	3. (b) Social Security Number
5. Color or race  8. (a) Single, married, widowed, or divorced  W. Jone  8. (b) Name of husband  Callie Frage  8. (c) If alive, gip age	MEDICAL CERTIFICATION  20. DATE OF DEATH.  21. I CERTIFY that death accurred on the date above stated: that Lattended deceased from  19.45 to Classification 19.45  and that I last saw here alive on classification 19.45  Immediate capes of death.  DURATION
9. Birthplace Mary sul 7nd (Town, county, and atate) 10. Usual occupation Houseinfe 11. Industry or business 12. Name Such Steel 13. Birthplace Del	Bus to.  Due
14. Maiden name Atura Wron  15. Birthplace  16. Informant  Mo Seward Daily  Address  Mary del Mary 11 (1945)	Major findings of operations
17. (Burial, cremation, or removal, Which)  Cemetery or crematory.  Location  18. Funeral director.  Address  Date thereof fronth, (day) (year)  Communication from the front fronth, (day) (year)  Communication from the fronth fronth from the fronth fronth from the fronth from the fronth fronth from the fronth fronth from the fronth fronth fronth fronth from the fronth f	Accident, suicide, or homicide. Accidents.  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?) At homes of injury accidental falls.  Injured at work?

Registrar Address Greenslows, Md

THE ROLL TO THE PROPERTY OF A PARTY OF A PERSON OF THE PARTY OF THE PA

SET TO BEAUTIFUL OF ESC.

APR 21 1945

FOR BINDING

MARGIN RESERVED

VS A15

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 48-0

03790

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	LO HOULD BEAUTINGS (AND LESS OF DESCRIPTION
County Caroline	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Maryland County Carolina
City or town. (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
North Main Steet	Street No. North Kain Start
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	
Mary V. Mc Crea	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	20. DATE OF DEATH
6.(b) Name of husband or wife Roman S. We Crea	21. I CERTIFY that death occurre from the date above stated; that I attended decaded from
	Mar 12 18 40 19 april 2, 18 45
7. Birth date of	and that I last saw h.C. X. alive on
deceased (mo., day, yr.) September 1, 1883  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
41 7 1	Ceremon of Cery 17, 24/2
лгs	i goverolized sudeslavi
9. Birthplace Sussex County, Delaware (Town, county, and state)	Due to
10. Usual occupation Housework	
11. Industry or business Home	Oue to
12. Name J. Gardner Walls  13. Birthplace Sussex County, Delaware.	Dither conditions
S. D. S. Britipiace	(Include pregnancy within 8 months of death)
14. Malden name Sarah Politt  15. Birthplace Sussex County, Delaware.  16 Informant Mrs. Leonard Travers	Major findings of operations
\$ 15. Birthplace Sussey County, Delaware.	
16. Informant Mrs. Leonard Travers	Antopsy results
Address Federalsburg haryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial Date thereof april 4. 1945 (Burlal, cremation, or removal. Which?)	Accident, suicide, or homicide
Cometery or crematory ties Crest Cometery	Whera did injury occur?
Location Federalsburg maryland	
	Marca of fatour
18. Funeral director fig. Framptonic Con	0 1 0 1
Address Flderalsburg, Maryland	23. SIGNATURE Trank M. anderson M.O.
10 axie 4 10.45 3.5 Frambton	M. D. or other
19. April # 19.45 5. The Registrar Registrar	Address J. Clerals College W. Date signed 7/4/4/



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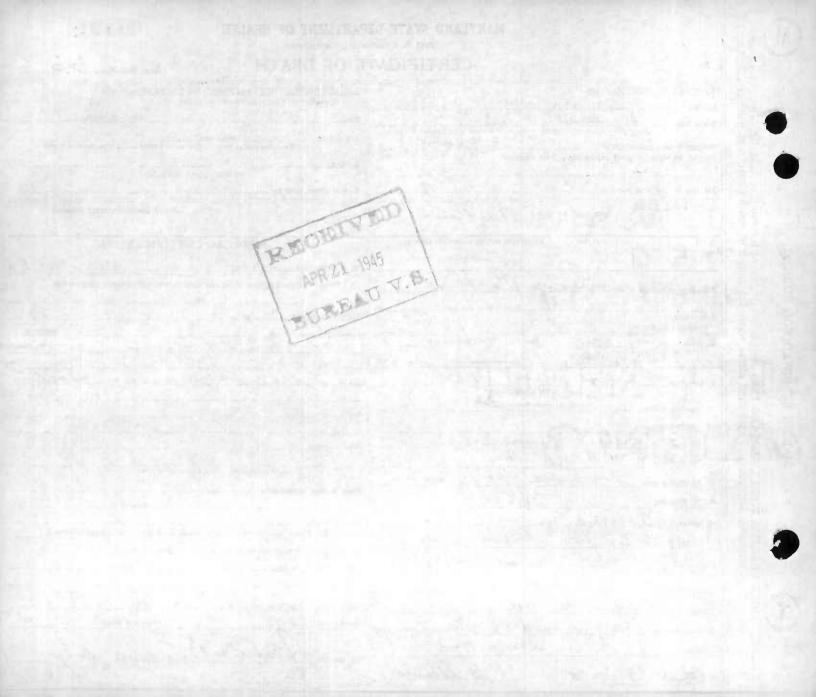
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

03791

## CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County  City or town  (If outside city or fown limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  How long in hospital or institution?  3. (a) FULL NAME  Harrie Perkins	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war
4. Sex 5. Color or race   8.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
F @ Wedowed.	20. DATE DE DEATH april 11 19 45 - 10 508 M
8.(b) Name of husband or wife Leonge Perkins	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that   last saw h
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	
9. Birthplace Easters Taber Md.  (Town, county, and state)	Due to Undine Unclusing Indlew
1B. Usual occupation	Due to
11. Industry or business	
12. Name. Harry Hugher.	Other conditions
14. Malden name. Chawlette Hughes.  15. Birthplace	(Include prognancy within 3 months of death)
15. Birthplace	Major findings of operations.  Date of op.
16. Informant Estela Wieghi	Autopsy results
Address 8 96 to. 9th. Attent Welveyton	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?),  (Burial, cremation, or removal, Which?),	Accident, suicide, or homicide
Cemetery or crematory. Chape.	Where did injury occur?
Location Cardava Trid.	Injured et home, farm, Industry, public place (where?)
18. Funeral director Ray mond B. Nawlings	Means of Injury Injured at work?
Address Commaters md!	23 SIGNATHEN Value on O Leves Con.
19. Chil 3 19. f. s	23. SIGNATURE M. D. or other  Address Date signed 7/13/45



VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46

03792

# CERTIFICATE OF DEATH

8. (b) Hame of husband or wife.  1. Birth date of coesaed (mo., day, yr.)  8. AGE: Yeare Sofuth:  10. Usual occupation.  11. Industry or business  12. Name.  13. Birthplace  14. Maiden name.  15. Birthplace  15. Birthplace  16. Birthplace  16. Birthplace  17. Birth date of coesaed (mo., day, yr.)  18. AGE: Yeare Sofuth:  19. Usual occupation.  19. Usual occupation.  10. Usual occupation.  11. Industry or business  12. Name.  13. Birthplace  14. Maiden name.  15. Birthplace  16. Birthplace  17. Maiden name.  18. Days of op. 19.4.3  18. Informant Address  18. Informant Coesaed (mo., day, yr.)  18. Informant Coesaed (mo., day, yr.)  18. Informant Coesaed (mo., day, yr.)  19. Usual occupation.  19. Usual oc		
Respital, institution, or street selfers where death observed:    Street Ro.   (If rurs), give LOCATION)	County City or town (If outside city or town limits, write RURAL and give nearest town)	State
Street 16. (IF rears), give LOCATION)  3. (a) FULL NAME  Marsha Reden  3. (b) Social Security Number  3. (c) If referan, name war.  3. (b) Social Security Number  3. (c) If referan, name war.  3. (c) If referan, name war.  3. (d) Social Security Number  3. (d) Social Security Number  3. (d) Full Name  4. Sex  4. Sex  5. Color or race  5. Color or race  5. Color or race  6. (c) Single, married, nidewed, or divorced  7. Birth date of sex or	Now long to apply blace of nearly trees.	(If outside city of town limits, write RURAL and give nearest town)
Bow long in hospital or institution?   2.(a) If voteran, name war.   3. (b) Social Security Number	Hospital, Institution, or street address where death Ageurred:	Street No.
3. (d) FULL NAME  Matha Reduce  4. Sex  5. Color or race  5. Color or race  6. (a) Single, married, widowed, or divorced  Matha Reduced  MEDICAL CERTIFICATION  20. DATE OF BEATS.  21. LESSIFF 19st death ecopyred on the data above states; that latended degeased from 19st.  12. It is the data of section of the same above states; that latended degeased from 19st.  13. Sirish data of deceased (mo., 437,71)  AGE: Very Bosch Day:  14. Major findings of operations.  M		(If rursl, give LOCATION)
4. Sex  S. Goler or race  MEDICAL CERTIFICATION  20. DATE OF DEATH.  21. DESTIFY that death occurred on the date above stated; that I attended degeaved from  Line deceaved (mo., 427, 71.)  8. AGE: Tears  Bloth the Committee of	How long to hospital or institution?	2.(a) If veteran, name war
B.(D) Hams of hurband or wife active of the state of the	3. (a) FULL NAME Marsha Reder	3. (b) Social Security Number
B.(0) Hame of hubband or wife.  B.(0) I pling pive age.  B.(0) I pling pive	4. Sex 5. Color or race 6.(a)Single, married, widowed, nr divorced	MEDICAL CERTIFICATION
8. (b) Hame of husband or wife.  1. Birth date of coesaed (mo., day, yr.)  8. AGE: Yeare Sofuth:  10. Usual occupation.  11. Industry or business  12. Name.  13. Birthplace  14. Maiden name.  15. Birthplace  15. Birthplace  16. Birthplace  16. Birthplace  17. Birth date of coesaed (mo., day, yr.)  18. AGE: Yeare Sofuth:  19. Usual occupation.  19. Usual occupation.  10. Usual occupation.  11. Industry or business  12. Name.  13. Birthplace  14. Maiden name.  15. Birthplace  16. Birthplace  17. Maiden name.  18. Days of op. 19.4.3  18. Informant Address  18. Informant Coesaed (mo., day, yr.)  18. Informant Coesaed (mo., day, yr.)  18. Informant Coesaed (mo., day, yr.)  19. Usual occupation.  19. Usual oc	F. w married.	Chail 114 165 1678
18. Holder and that I list saw h. M. alive on death of deceased (mo, 637, 71) fact. 2.8 (highler five age	B.(b) Name of husband or wife James Redev.	21. I CERTIFY that death occurred on the date above stated; that I attended depeased from
1. Birth date of deceased (mo, day, yr.)  8. AGE: Yeare Menthe Days If less than one day  1. Birthplace Classical Cown, country, and stage)  1. Usual occupation.  1. Industry or business  1. Industry or business  1. Industry or business  1. Shirthplace  1. Maiden name  1. Shirthplace  1. Maiden name  1. Shirthplace  1. Shirthplace  1. Shirthplace  1. Maiden name  1. Shirthplace  1. Maiden name  1. Shirthplace  1. Maiden name  1. Shirthplace  1. Shirthplace  1. Maiden name  1. Shirthplace  1. Maiden name  1. Shirthplace  1. Maiden name  1. Shirthplace  1. Shirthplace  1. Maiden name  1. Maiden name  1. Shirthplace  1. Maiden name	B.(c) It alive, give age 5.5 years	19.72 to TXLL T 19.7D
8. AGE: Tears Soft Park  Bust Days It less than one day  Immediate one of death.  Bus to Coupellon.  Bus to	7. Birth date of 100000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and that I last saw h
8. Birthplace	accesses (mod as), its	Immediato cause of death DURATION
Due to California County, and stage of the conditions and stage of the conditions are conditions.  Due to California California Conditions are conditions and stage of the conditions are conditions.  Differ conditions and california	47 1/19	Cas cum of Perdun
Due to	9. Birthptace	Due to Crashifica
Diher conditions  Diher conditions  Diher conditions  Diher conditions  Diher conditions  (Include pregnancy within 3 months of death)  Authorized  Dity of op. 1943  Authorized  Dity of op. 1943  Authorized  Authorized  Dity of op. 1943  Authorized  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: 11 death was due to external causes, fill in the following;  (Burial, cremation, or removal Which?)  Cemetery or crematory.  Date thereof (month) (day) (year)  Where did injury occur?  (City or town) (Connty) (State)  Injured et home, 1arm, industry, public place (where?)  Means of Injury  Injured at work?  M. D. or other  M. D. or other	10. Usual occupation	Bue to Cestiming
14. Maiden name.  15. Birthplace  16. Informant  Address  Major findings of operations  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: 11 death was due to external causes, fill in the following:  17. Cemetery or crematory.  18. Funeral director.  19. Connty	11. Industry or business P	
14. Maiden name.  15. Birthplace  16. Informant  Address  Major findings of operations  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: 11 death was due to external causes, fill in the following:  17. Cemetery or crematory.  18. Funeral director.  19. Connty	12. Name Sleve Rubaes.	Dither conditions
16. Informant  Address Mary dell Md.  17. Selection  (Burial, cremation, or removal, Which?)  Location  Location  Address  Address  Address  Actions removal which death should be charged statistically.  Accident, suicide, or homicide.  Where did injury occur?  (City or town)  (Connty)  (State)  18. Funeral director for factors factors for factors factors for factors for factors factors for factors for factors f		(Incipde pregnancy within 3 months of death)
Address Mary dell Md.  Address Mary dell Md.  17. Bate thereof Strel-17. 45.  (Burial, cremation, or removal Which?)  Cemetery or crematory.  Location Location Mary Levelle  Address Address Mary Levelle  Address Mary dell Md.  Bate thereof Strel-17. 45.  (month) (day) (year)  Where did injury occur?  (City or town) (Connty) (State)  Injured et home, farm, industry, public place (where?)  Means of injury injured at work?  23. SIGNATURE.  24. 45. 46. 45. 46. 45. 46. 45. 46. 45. 46. 45. 46. 45. 46. 45. 46. 46. 45. 46. 46. 46. 46. 46. 46. 46. 46. 46. 46	17. Maiden Halle Automatical Control of the Control	Major findings of operations Caleung / Alches
Address Mary dell Md.  17. Bettier Date thereof Brel. 17. 45. (Burial, cremation, or removal, Which?) Location Location Location Means of Injury Description of Means of Injury Descriptio	21 15. Birtingiace	Date of op. 1492
17. But the following; (Burial, cremation, or removal Which?)  Cemetery or crematory.  Location  Location  18. Funeral director  Address  Address  Date thereof Brill. 17. #5. (month) (day) (year) (City or town) (Connty) (Connty) (State) Injured et home, 1arm, industry, public place (where?)  Means of injury  Injured at work?  23. SIGHATURE  Date of  Means of injury  M. D. or other	And I don Tail	
Cemetery or crematory.  Location  Lo	Marined White 107 450.	22. VIOLENCE: 11 death was due to external causes, fill in the following;
Injured et home, farm, industry, public place (where?)  18. Funeral director Adjanont 13. Nawlungo.  Address  4-6-6-45-46-45-46-45-46-45-46-45-46-45-46-45-46-45-46-45-46-45-46-45-46-45-46-46-45-46-46-46-46-46-46-46-46-46-46-46-46-46-	(Burial, cremation, or removal Which?)  Date thereo (month) (day) (year)	
18. Funeral director Ray grown 13. Nawlwego. Means of Injury Injured at work?  Address Access for Md.  23. SIGNATURE C IT Upleaff.  M. D. or other	Cemetery or crematory. Lemp sevel	Where did injury occur?
Address Account of America 23. SIGNATURE @ 14 Ufileelly M. D. or other	Location Jemp Revelle na	Injured et home, farm, Industry, public place (where?)
4-16 45- 46 Ameth 23. SIGNATURE CIT MELLEY M. D. or other	18. Funeral director Ady grown 13. Nawlungo.	Means of Injury Injured at work?
M. D. or other	Address farens bero md.	23 SIGNATURE @ 14 Wilcelle
(Date rec'd by registrar)  Registrar   Address   Date signed   Date sign	19. 4-6 19.45- 96 Ameth (Date rec'd by registrar) Registrar	M, D. or other

APR 21 1945
RUELATI V. B.

PLEASE

VS A15

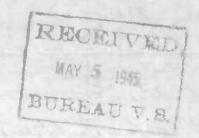
### MARYLAND STATE DEPARTMENT OF HEALTH

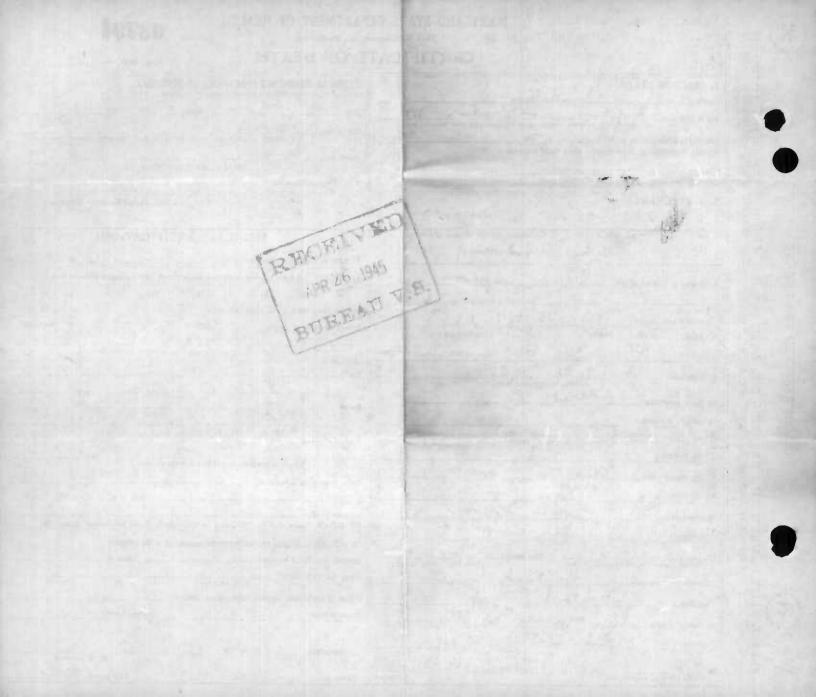
2411 N. Charles St., Baltimore 50

### CERTIFICATE OF DEATH

03793 Reg. Dist. No. 62

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	State State County The State
City or town(If outside city or town limits, write RURAL and give nearest town)	Trans 6 Jenlar
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
nospital, institution, or street dualess where beath occurred.	Sireet No
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Quina Deiler	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
1 00. marriad	20. DATE OF DEATH. Office 24 1945 at 8. 7. M
B.(b) Name of Problems or wife Michael Lliles	21. I CEBTIFY that death occurred on the date above stated; that Lattended deceased from
7. Birth date of	1844, 10 Cepsel 24 18 45
7. Birth date of deceased (mo., day, yr.) Freb 6 1894	and that I last saw h. etc. alive on
8. AGE: Years   Months   Days   It less than one day	Immediate vanse of death DURATION
31 3 /7min.	Breast inda metastages
9. Birthplace (Town, county and state)	Due to to ofine & meninger
10. Usual occupation.	
11. Industry or business	Due to
12. Name Sono // Con Jacker	Dither conditions
14. Malden name Susan Voigter	(Include pregnancy within 3 months of death)
14. Maiden name Supar Voig Sec	Major findings of operations (a sier) Burst -  ( Reus Curcine in a Date of op. 7-13-43
2n:08:00 0000	
Address Seed Seed Seed Seed Seed Seed Seed S	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Desir 0 (1-27-11)	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal, Which?)  Date thereot (month) (324) (year)	Accident, suicide, or homicide
Cemetery or crematory delle Class Courses	Where did injury occur? (City or town) (County) (State)
Location Leave 1 Europe	Injured at home, farm, Industry, public place (where?)
18. Funeral director . Linguis Rucorr T. J.	Means of Injured at work?
Address Develore Zeel.	Strate Hother Stiller
1.4-27 .45 m 60 10 Gestal	23. SIGNATURE M. D. OT COMPT
(Date ree'd by registrar)  Registrar	Address freees ono. Ned Dato signed 126
	1945





# PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE

MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore 1200 CERTIFICATE OF DEATH

	Reg. Dist. No
1. PLACE OF DEATH: County Coun	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State Ma County Carolines
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Journau Trails.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M. W. Trained	20. DATE OF DEATH Office 8 19 45- 11 7 P
COA HOUSE	
B.(6) Name of husband or wife.	21. I CEALIFY that death obcurred on the date above stated; that I attended deceased from
7. Birth date of Second	ars and that I last yaw h. Last alive on Confident S. 18 45
deceased (mo., day, yr.) aug 21, 18 93	
8. AGE: Years Months Days If less than one day	James and Chemb
31 1 1hrsm	in. With willisted on large AT he
9 Birtholace Fillon Del'	Due to.
(Town, county, and state)	Due 10.
10. Usual occupation Flarmer.	Bue to lestouth & ce Cleut
11. Industry or business	Jue 10
12. Name North Waves.	Other conditions Mygenedulus
12. Name North Walls.	
	(Include/pregnancy within 8 months of death)
14. Maiden name Lucky Nembr 15. Birthplace	Major findings of operations.
	Date of op.
18. Interment Ola Walls.	Autopsy results
Address Levens fro Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
11 Burial Date thereof Opine 12,1943	22. VIOLENCE: If death was due to external causes, the in the following:
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide. Authorities Date of State
Cemetery or crematory	Where did injury occur? (City or town) (County) (Syste)
Location Lucusbus Trid.	Injured at home tamp, industry public place (where?) Mil French the Mis
18. Funeral director Ray would B. Rawling	Means of Injury Stack Celvery Injured of work?
Address Threesburo Md.	- When & Hours had
19 Opt. 11 1846 A. Marthin	23. SIGNATURE SIGNATURE M. D. or other
(Date rec'd hy registrar)	ar Address A Clear Date signed 7 7

STREET STATE OF SALES RECEIVED APR 21 -045 BUREAU V.S.